



United States Environmental Protection Agency (EPA)

Region 2

290 Broadway

New York, NY 10007-1866

Underground Storage Tank (UST) Inspection Form

INSPECTOR NAME(S): Michael Prescott, EPA Contractor DATE: 4/24/12

I. Ownership of Tank(s) <input type="checkbox"/> Tribal		II. Location of Tank(s) <input checked="" type="checkbox"/> same as owner location (I.)	
Owner Name: <u>Ft. Buchanan Army Air Force Exchange</u>		Facility Name or Company Site identifier, as applicable	
Street Address <u>Service (AAFES) and Military Gas Station (MGS)</u>		Street Address or State Road, as applicable	
County		County	
City <u>Ft. Buchanan</u>	State <u>PR</u>	City (nearest)	State
Zip Code <u>00934</u>		Zip Code	
Phone Number <u>787-792-4297 (AAFES)</u>	Fax Number <u>787-707-3575 (MGS)</u>	Contact Person(s) at Facility	Phone Number
Owner Contact Person <u>Angel Torres (AAFES) Jose Quiñones (MGS)</u>			
III. Notification			
<input checked="" type="checkbox"/> Notification to implementing agency; name <u>PREQB</u> State Facility ID # <u>86-0044</u>			
IV. Financial Responsibility			
<input type="checkbox"/> State Fund		<input type="checkbox"/> Private Insurance: Insurer/Policy #	
<input type="checkbox"/> Guarantee	<input type="checkbox"/> Surety Bond	<input type="checkbox"/> Letter of Credit	
<input type="checkbox"/> Local Government	<input type="checkbox"/> Self Insured	<input checked="" type="checkbox"/> Not Required (Federal & State government, hazardous substance USTs)	
V. Release History <u>N/A</u>			
<input type="checkbox"/> Evidence of release or spills at facility		<input type="checkbox"/> Greater than 25 gallons (estimate)	
<input type="checkbox"/> Releases reported to implementing agency; if so, date(s) _____ [280.53]			
<input type="checkbox"/> Release confirmed; when and how _____			
<input type="checkbox"/> Initial abatement measures and site characterization		<input type="checkbox"/> Free product removal	
<input type="checkbox"/> Soil or ground water contamination		<input type="checkbox"/> Corrective action plan submitted	
<input type="checkbox"/> Remediation ongoing		<input type="checkbox"/> Remediation completed, no further action; date(s) _____	
Notes: <u>USTs 1 and 2 were installed in August 2007 and fuel was first added in December 2007. USTs 3 and 4 were reactivated and filled in August 2011.</u>			

X. Release Detection

N/A ☐

Tank RD Methods

ATG	X	X	X	X		
Interstitial Monitoring			X	X		
Groundwater Monitoring						
Vapor Monitoring						
Inventory Control w/ TTT						
Manual Tank Gauging						
SIR						

12 Months Passing Monitoring Records

yes yes yes yes

Tank RD Notes:

Piping RD Methods

	N/A <input type="checkbox"/>					
ATG						
Interstitial Monitoring	X	X				
Groundwater Monitoring						
Vapor Monitoring						
SIR						

12 Months Passing Monitoring Records

No No

Annual Line Tightness Test			X	X		
ALLD Present	X	X	X	X		
Test Records	X	X	X	X		

Piping RD Notes: System status reports showing piping interstitial release detection were not available for May, June, and July 2011 for VST systems (and) In addition, the premium gasoline pump sump sensor (Tank 2) for interstitial release detection for the piping was 4-5 inches off the sump floor.



THE UNITED STATES ENVIRONMENTAL PROTECTION AGENCY (EPA) REGION 2
UST PROGRAM
Ground Water Compliance Section
New York, NY 10007-1866

Inspector Observation Report
Inspection of Underground Storage Tanks (USTs)

☐ No violations observed at the conclusion of this inspection.

☒ The above named facility was inspected by a duly authorized representative of EPA Region 2, and the following are the inspector's observations and/or recommended corrective action(s):

Violations Observed:

Regulatory Citation	Violation Description
§ 280.41(b)(1), § 280.44(c), § and 280.45(b)	The AAFES Gas Station facility failed to record the results of release detection for piping for the two UST systems for three of the past 12 months. In addition, the premium gasoline pump sump sensor for interstitial release detection for the piping was 4-5 inches off the sump floor.
§	
§	
§	
§	
§	

Actions Taken:

☐ Field Citation; # _____ ☐ Additional information required ☐ On-site request/Due date _____

Comments/Recommendations:

Name of Owner/Operator Representative:

Angel Torres (AAFES)
(Please print)
Jose Quinones (Military Gas Station)
(Signature)

Other Participants: Wanda Emmanuelli,
Juan Samalot,

Name of EPA Inspector/representative

Michael Prescott
(Please print)
Michael Prescott
(Signature)

EPA Contractor
(Credential Number)

Date of Inspection 4/24/12 Time 9:00 AM/PM

Required Fields to be used for ICIS Only

Compliance Monitoring

Activity: UST Inspection

Inspection Conclusion Data Sheet

1) Did you observe deficiencies (preferred violations) during the on-site inspection? *Yes*

Deficiencies observed: (Put an **X** for each observed deficiency)

☐ Potential failure to complete or submit a notification, report, certification, or manifest

☒ Potential failure to follow or develop a required management practice or procedure

☒ Potential failure to maintain a record or failure to disclose a document

☐ Potential failure to maintain/inspect/repair meters, sensors, and recording equipment

☐ Potential failure to report regulated events, such as spills, accidents, etc.

2) If you observed deficiencies, did you communicate the deficiencies to the Facility during the inspection? *Yes / No*

3) Did you observe the Facility take any actions during the inspection to address the deficiencies noted? *Yes / No*

If yes, what actions were taken?

4) Did you provide general Compliance Assistance in accordance with the policy on the role of the EPA Inspector in providing Compliance Assistance during Inspections? *Yes / No*

5) Did you provide site-specific Compliance Assistance in accordance with the policy on the role of the EPA Inspector in providing Compliance Assistance during the inspection? *Yes / No*